

CITY OF TUCSON OFFICE OF THE CITY CLERK

CAMPAIGN FINANCE ADMINISTRATION REPORT RECEIPT

 ${\bf Primary\ Election-September\ 11,2007}$ General Election - November 6, 2007

(Name o	of Political Committee)		مداد داد در	
(Name o	of Candidate, when applicable)	_who is a ca	monda	te for the off
 .	Political Party	·	ID#	05-101-C
	OR		,	
fo	CANDIDATE \$500 THRESHOLD EXCEPTION ST	'ATEMEN'	r	
	(Name of Candidate)			
	ho is a candidate for the office of			· · · · · · · · · · ·
				
a	Political Committee Statement Of Organization #	Original 🗆	An	nended 🗆
CAMP	AIGN FINANCE REPORT:			
	Campaign Finance Report (Filed on or before January 31, 2007)			0
	Campaign Finance Report (Filed on or before July 2, 2007)		7 0	음 음 음
	Pre-Primary Election Report (Filed on or before August 30, 2007)	Υ CL 03:30	9- 3EG	20 20 20 20 20 20 20 20 20 20 20 20 20 2
	Post-Primary Election Report (Filed on őr before October 11, 2007)	OFFICE OF THE	ن ي ني	RECEIVED
	Pre-General Election Report (Filed on or before October 25, 2007)	.,,	:42	2 7.
7 £	Post-General Election Report (Filed on or before December 6, 2007	")		
<u> </u>	Political Committee No Activity Statement (Report date:			
	Termination Statement (Final report must be included if not previous	usly filed)		
	Other			_
	Se		64	1
		Dept	uty Cit	y Clerk
	4	12-	6-0	7
		<u> </u>	Date	2939 370

OFFICE OF THE

CITY OF TUCSON
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POLITICAL COMMITTEE STATE OF ARIZONA CAMPAIGN FINANCE REPORT

For Office Use Only

CITY OF TUCSON

1.	Full Name of Committee	FOR EXCELLENCE	<u>E IN GOYBUNUEN.</u>	T CI	Y OF TUCS	ÛN
	Full Name of Committee 2214 E. Bo Address City	<u>NSON HWY</u> <u> </u>	(320) 494-1996 /	- 	DEC -6 P	 . Δ
2.	City	Zip Code	Phone Number	•	، ک تمبید	
۲.	Sponsoring Organization and Office	ce		· ; 0	FFICE OF TH	JE -
	Name of Candidate and Office So	ught (if applicable)			0, 2,00	,,
	E-Mail Address		Fax #			
4.	REPORTING PERIOD (Please check appropriate b	ox)	<u> </u>	· FII	ING DEADLINE
a	January 31 Report — For Peri November 29, 2005 throug					January 31, 2007
	June 30 Report — For Period o January 1, 2007 through M				······································	*July 2, 2007
	Pre-Primary Election Repor			***************************************		August 30, 2007
Q	Post-Primary Election Repo August 23, 2007 through O					October 11, 2007
۵	Pre-General Election Report October 2, 2007 through O				***************************************	October 25, 2007
a	Post-General Election Repo October 18, 2007 through 1			***************************************		December 6, 2007
	January 31, 2009 Report — November 27, 2007 throug			······'·······	***************************************	*February 2, 2009
		5. SUMMARY			lumn A Reporting Period	Column B Blection Period To Date
	5a Surplus from Previo filed for the new co		tatement of Organization was			<u>-</u>
	-	ginning of this Reporting I	Period	672	3.09	8.450.00
	5c Total Receipts (from Summary Page, Line	n corresponding columns o e 8)	n Detailed	2980	9.00	8,450.00 11,430.00
	[a] and [c] for Coli	<u> </u>				
	beginning of the Ele filed for the new c other lines)	committee) (Do not add o	tatement of Organization was or subtract this line from the			
	Summary Page, Li				0	
i		Close of Reporting Period (Solumn A must equal Column		2/4	9.09	11.430.00

CITY OF TUCSON RECEIVED

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OFFICE OF THE CITY CLERK

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name FINE FIGHTERS FOR EXCEUTION OF THE MEDICAL TOTAL TOTAL THE MEDICAL TOTAL THE MEDICAL	3. ID# 05,-10	11.01
2. Report Covering Period From Oct 18, 2007 Thru N	OV 26, 700	7
RECEIPTS	COLUMN A THIS PERIOD	COLUMN B
Contributions other than loans and in-kind:		
(a) Individuals - more than \$25 (Total from Schedule A)		
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)	2000	1445
(c) Political Committees (Total from Schedule B)	21980	11.430.00
(d) Subtotal Contributions [add 4(a), 4(b) and 4(c)]		
(e) Refund of Contributions (Total from Schedule F-2)	!	
(f) Total contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		
(b) All other loans (Total from Schedule C-1)	<u> </u>	
(c) Total loans [add 5(a) and 5(b)]		
6. In-kind contributions (Total from Schedule E)		
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	<u> </u>	
8. TOTAL Receipts [add 4(f), 5(c), 6, and 7]	: 	
Σ Υπερυκεμένητε		
9. Expenditures for Operating Expenses (Total from Schedule D)		
10. Independent Expenditures (Total from Schedule D-1)		7,771,91
11. Value of In-kine expendences (Total from Schedule E)		
12. Loans made by reporting committee (Total from Schedule D-2)		
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		
(b) Repayment of all other loans (Total from Schedule D-5)		
(c) Total Loan Repayments [add 13(a) and 13(b)]		
14. Transfers to other political committees (Total from Schedule D-6)		
15. Any other disbursement (Total from Schedule D-7)		
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	;; <u>;;</u> ;	
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	<u> </u>	
18. TOTAL disbursements [subtract line 17 from line 16]		
19.Total Outstanding Debts owed by Reporting Candidate or Political Comm. (Schedule F-3)		
20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance	ce report and to the l	best of my
knowledge and belief it is true and complete.		<u> </u>
Type or Print Name of Treasurer Conty Bowlin		
Signature of Treasurer or Candidate or Designating Individual:		Date
Ener Dute-	12	-06-07

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CITY OF TUCSON RECEIVED 7 UEC -6 P3:44

OFFICE OF THE OITY CLERK

CONTRIBUTIONS FROM INDIVIDUALS* (More than \$25)*

SCHEDULE A

Schedule A Page ____of___

						3. ID#	
2.	Report Covering Period	od from	•••		thru		
4.	NAME, ADDRESS, OCC	CONTRIBUTIONS CUPATION AND EMPLO		OR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	LAST	FIRST		ΛI	<u> </u>		
	STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
	СПҮ	STATE	ZIP	•			
	OCCUPATION	EMPLOYE	R		- 		
b.	LAST	FIRST	<u> </u>	۷Ì			
	STREET ADDRESS				1		
•	CITY	STATE	ZIP		1		
	OCCUPATION	EMPLOYE	R		-		
c.	LAST	FIRST		Vit			
	STREET ADDRESS				1		2 2 ×
	СПҮ	STATE	ZIP		1	13 Y	SE SE
	OCCUPATION	EMPLOYE	R		1		
d.	LAST	FIRST	p	MÍ		<u> </u>	2
	STREET ADDRESS	STREET ADDRESS			1		
	CITY	STATE	ZIP	••	-		
	OCCUPATION .	EMPLOYE	R		-		
e.	LAST	FIRST		Mi			
	STREET ADDRESS				1		
	СПҮ	STATE	ZIP		1		
	OCCUPATION	EMPLOYE	R		1		
5.	ENTER TOTAL ONLY IF I [If last page of Schedule A, to Summary Page line 4(a), Co *If contributions of \$25 or	ransfer total to Detailed lumn Aj		3			

SCHEDULE A

Schedule A Page ____of___

	Committee Name				3. 1D#		
	Report Covering Peri	od from	_thru	บ			
•	NAME, ADDRESS, OCC	CONTRIBUTIONS CUPATION AND EMPLOYER	OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
۱.	LAST	FIRST	Mt				
	STREET ADDRESS	-	<u> </u>	1			
	CITY	STATE	ZIP	-			
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	OCCUPATION	EMPLOYER		_			
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	STREET ADDRESS			7		REC.	
	CITY	STATE	ZíP		CL CF	N N	
	OCCUPATION	EMPLOYER			* = 3	3 3 3 3 3 3 3 3 3 3	
d.	LAST	FIRST	Mi			\$	
	STREET ADDRESS	<u> </u>	-				
	CITY	STATE	ZIP	_		1	
	OCCUPATION	EMPLOYER					
e.	LAST	FIRST	MI				
	STREET ADDRESS	· · ·					
	CITY	STATE	ZIP				
	OCCUPATION	EMPLOYER					
5.	[If last page of Schedule A.		ULE A				
	*If contributions of \$25 o	olumn A] r less are listed with contri	butor's name, address	s, occupation and em	nployer on Schedule A,		

CONTRIBUTIONS of \$25 or Less - AGGREGATE TOTAL*

SCHEDULE A-1

1.	Committee Name		3. ID#
2.	Report Covering Period from	thru	
1	Aggragate Total of Contributions of \$25 or Logo		

Aggregate Total of Contributions of \$25 or Less

	Amount		Cumulative
Description	Received This Period		Total This Campaign To Date
	, this t should		Campaign to Date
]		
•			
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	`}		
5. TOTAL THIS PERIOD		6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
[Transfer total to Detailed Summary Page, Line 4 (b), Column A]		Transfer total to Detailed Summary Page, Line 4(b), Column B)	

^{*}If contributions of \$25 or less are listed with contributors name and address on Schedule A, do not include them on this schedule.

CONTRIBUTIONS of \$25 or Less - AGGREGATE TOTAL*

SCHEDULE A-1

Committee Name			3. ID#			
Report Covering Period from		thru				
Aggregate Total of Contributions of	f \$25 or Less					
Description	Amount Received ption This Period				Cumulative Total This Campaign To Da	
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					•	

6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE

Transfer total to Detailed Summary Page,

Line 4(b), Column B)

4 (b), Column A)

5. TOTAL THIS PERIOD

[Transfer total to Detalled Summary Page, Line

^{*}If contributions of \$25 or less are listed with contributors name and address on Schedule A, do not include them on this schedule.

Schedule B Page / of _ t

•	Committee Name / IREFIGHTERS FOR FROMUENCE IN GOY. 3. ID# 05-/6/-CT							
•	Report Covering	Period from: <u>QT 18, 2007</u> thru <u>Nox.</u>	26, 2007					
•	ID#, NAN	CONTRIBUTIONS ME, AND ADDRESS OF CONTRIBUTOR AND DATE RECEIVED	AMOUNT RECEIVED THIS	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE				
			PERIOD					
•	ID# 0000 - 02 12 4 DATE RECEIVED	NAME ADDRESS, CITY, STATE AND ZIP TUCSON POLICE CHICENS ASSM. 333 W. FT. LOWELL FLI	2,980					
		Tucson Az 25705						
b.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		····				
	DATE RECEIVED							
C.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP						
	DATE RECEIVED							
d.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP						
	DATE RECEIVED							
e.	ID #	NAME, ADDRESS, CITY, STATE AND ZIP	C9 7	70.~<				
	DATE RECEIVED		HYCE BB-	RECEI				
f.	IO #	NAME, ADDRESS, CITY, STATE AND ZIP	E P	CCS:ON				
	DATE RECEIVED		P3:44 THE	2.				
g.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP						
	DATE RECEIVED							
h.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP						
	DATE RECEIVED							
ì.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		<u></u>				
	DATE RECEIVED							
5.	ENTER TOTAL ON	LY IF LAST PAGE OF SCHEDULE B	<u> </u>					
		e 8, transfer total to Detailed Summary Page, Line 4(c), Column A]	2,980					

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

	AMOUNT RECEIVED		CUMULATIVE TOTAL THIS	
ID#, NAM	ME, AND ADDRESS OF CONTRIBUTOR AND DATE RECEIVED	THIS PERIOR		CAMPAIGN TO DATE
ID#	NAME, ADDRESS, CITY, STATE AND ZIP		l	•
DATE RECEIVED				
ID #	NAME, ADDRESS, CITY, STATE AND ZIP			
DATE RECEIVED				
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DATE RECEIVED				
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DATE RECEIVED				
ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
DATE RECEIVED				
iD#	NAME, ADDRESS, CITY, STATE AND ZIP			
DATE RECEIVED				
	NLY IF LAST PAGE OF SCHEDULE B ule B, transfer total to Detailed Summary Page, Line 4(c), Column A)			

1.	Committee Name		3. ID#		
2.	Report Covering Period from	_thru			
4.	LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD		CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	NAME, ADDRESS, CITY, STATE AND ZIP				
	DESCRIPTION				<u></u>
b.	NAME, ADDRESS, CITY, STATE AND ZIP				
c	DESCRIPTION NAME, ADDRESS, CITY, STATE AND ZIP				
C.	NAME, ADDRESS, CITY, STATE AND ZIP				
	DESCRIPTION		<u> </u>	7	CI) Y
d.	NAME, ADDRESS, CITY, STATE AND ZIP		TY CLERK	Œ -6 P3	OF TUCSON
	DESCRIPTION		—	P3:44	and a
e.	NAME, ADDRESS, CITY, STATE AND ZIP				
	DESCRIPTION				
f.	NAME, ADDRESS, CITY, STATE AND ZIP				
	DESCRIPTION	<u></u>			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONL PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]	Y IF LAST			
	REV 3/00		Scho	dula C	Page of

1.	Committee Name		3. ID#			
2.	Report Covering Period from	_thru				
4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED THIS		CUMULATIVE TOTAL THIS CAMPAIGN	
	NAME AND ADDRESS FROM WHOM RECEIVED	<u> </u>	PERIO)D	TO DAT	E
a.	NAME, ADDRESS, CITY, STATE AND ZIP					
	DESCRIPTION					
b.	NAME, ADDRESS, CITY, STATE AND ZIP					
	DESCRIPTION					
C.	NAME, ADDRESS, CITY, STATE AND ZIP			,		
	DESCRIPTION		0	7	Ω	
d.	NAME, ADDRESS, CITY, STATE AND ZIP		FICE OF T	囲みの	Y OF TUCSON RECEIVED	
	DESCRIPTION		一条新	P3:4	0	-
e.	NAME, ADDRESS, CITY, STATE AND ZIP			, _		
	DESCRIPTION					
f.	NAME, ADDRESS, CITY, STATE AND ZIP					
	DESCRIPTION					
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ON PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]	NLY IF LAST				
	DEL 3/W			Schedule	C Page	of

OTHER LOANS

SCHEDULE C1

1.	Committee Name	_ [3. ID#	
2.	Report Covering Period from thru			
4.	ALL OTHER LOANS	DATE LOAN	AMOUNT OF	CUMULATIVE TOTAL THIS
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	RECEIVED	LOAN	CAMPAIGN TO DATE
a.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION	-		
b.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND 10#			
	DESCRIPTION	-		
C.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID#	OFFICE CITY	7 060	CILY OF RECE
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID#	CLERK CLERK		UUS SOUT
	DESCRIPTION		44	
d.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID#		-	
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION	-		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(b), Column A]			

OTHER LOANS

SCHEDULE C1

3. ID#

	ALL OTHER LOANS		DATE LOAN	AMOUNT OF	CUMULATIV TOTAL THI
	DADDRESS OF EACH INDIVIDUAL (OR NAMESS OF THE POLITICAL COMMITTEE) OF LO		RECEIVED	LOAN	CAMPAIGI TO DATE
	ANY ENDORSER OR GUARANTOR OF LOA	N			
NAME OF PERSON	N OR COMMITTEE MAKING LOAN, ADDRESS, CITY	', STATE, ZIP AND ID#			
AME OF ENDORSER	OR GUARANTOR OF LOAN, ADDRESS, CITY, STA	TE, ZIP AND ID#			
ESCRIPTION					
AME OF PERSON OF	COMMITTEE MAKING LOAN, ADDRESS, CITY, ST	ATE, ZIP AND ID#			
AME OF ENDORSER	OR GUARANTOR OF LOAN, ADDRESS, CITY, STA	TE, ZIP AND ID#			
ESCRIPTION			0F	7	<u> </u>
IAME OF PERSON OF	R COMMITTEE MAKING LOAN, ADDRESS, CITY, ST	TATE, ZIP AND ID#	TY CLE	9- 330	Y OF TU
IAME OF ENDORSER	OR GUARANTOR OF LOAN, ADDRESS, CITY, STA	ATE, ZIP AND ID#	### 	P3:44	CSON
DESCRIPTION			_		
NAME OF PERSON O	R COMMITTEE MAKING LOAN, ADDRESS, CITY, S	TATE, ZIP ANO ID#			
NAME OF ENDORSES	R OR GUARANTOR OF LOAN, ADDRESS, CITY, ST.	ATE, ZIP AND ID#			
DESCRIPTION					

Committee Name_

١.	Committee Name	2. ID#	
} .	Report Covering Period from: thru		
۱.	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
۱.	NAME, ADDRESS, CITY, STATE AND ZIP		-
	·		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK#	
D.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK#	
c.	NAME, ADDRESS, CITY, STATE AND ZIP		<u> </u>
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	DESCRIPTION OF FEMS OR SERVICES PURCHASED	CHECK#	
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	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #D	87
		<u>F</u>	<u>≦</u> ह
e.	NAME, ADDRESS, CITY, STATE AND ZIP	 	
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	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK#	
-	ENTER TOTAL ONLY IF LACT PAGE OF SOLIED UP IS		<u> </u>
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detailed Summary Page, Line 9, Column A]		-

EXPENDITURES FOR OPERATING EXPENSES*

^{*}Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit.

	EXPENDITURES FOR OPERATING EX	LEMSES.	SCHEDOLE D
١.	Committee Name	2. ID#	
3.	Report Covering Period from:thru	•	
ŧ.	EXPENDITURES	DATE EXPENDITURE	AMOUNT OF THE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	MADE	EXPENDITURE
а.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK#	
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK#	
c.	NAME, ADDRESS, CITY, STATE AND ZIP		
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d.	NAME, ADDRESS, CITY, STATE AND ZIP	FICE OF	A OL IN
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		SON CSON
e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK#	
f.	NAME, ADDRESS, CITY, STATÉ AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK#	7

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit.

ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D

[If last page of Schedule D, transfer total to Detailed Summary Page, Line 9, Column A]

REV 3/00

5.

Schedule D Page ___ of ___

. Committee Name		3. ID#	
Report Covering Period from			
INDEPENDENT EXPENDITURE AND CAN		DATE EXPENDITURE MADE	AMOUNT OF THE
NAME, ADDRESS, CITY, STATE AND ZIP	IDIDATE WHO IS BENEFITTED OR OPPOSE	WADE	EXPENDITURE
		ļ	
PURPOSE AND DESCRIPTION OF PURCHASE	Benefited Opposed	Ì	
CANDIDATE OFFICE SOUG	HT YEAR OF ELECTION	NO	
NAME, ADDRESS, CITY, STATE AND ZIP			
PURPOSE AND DESCRIPTION OF PURCHASE	Benefited Opposed	<u> </u>	CI)
CANDIDATE OFFICE SOUG	HT YEAR OF ELECTION	FFICE C	ECE OF
NAME, ADDRESS, CITY, STATE AND ZIP		ERX THE	MCSON
PURPOSE AND DESCRIPTION OF PURCHASE	Benefiled Opposed	<u> </u>	
CANDIDATE OFFICE SOUG	HT YEAR OF ELECTION	NO	
ENTER TOTAL ONLY IF LAST PAGE OF SCHE [If last page of Schedule D-1, transfer total to Detailed			
EE A.R.S. STATUTE 16-901(14)	· · · · · · · · · · · · · · · · · · ·	·· -	
ertify, under penalty of perjury, that the above a neert with or at the request or suggestion of an	stated independent expenditure(s) v ny candidate or any campaign comm	was not made in cooperation	on, consultation or lidate.
gnature of Treasurer			-
MES, OCCUPATIONS AND EMPLOYERS AND AM ONTRIBUTORS WITHIN THE LAST SIX MONTHS	MOUNT CONTRIBUTED BY EACH OF T	THE THREE TOP	AMOUNT

INDEPENDENT EXPENDITURES * SCHEDULE D-1

	Committee Name	3. ID#
	Report Covering Period from thru	
۱. [INDEPENDENT EXPENDITURES	DATE AMOUNT EXPENDITURE OF THE
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPO	OSED MADE EXPENDITURE
1.	NAME, ADDRESS, CITY, STATE AND ZIP	
	PURPOSE AND DESCRIPTION OF PURCHASE Benefited Opposed	
ı	CANDIDATE OFFICE SOUGHT YEAR OF ELECT	CTION
b.	NAME, ADDRESS, CITY, STATE AND ZIP	
	PURPOSE AND DESCRIPTION OF PURCHASE Benefited Opposed	
	CANDIDATE OFFICE SOUGHT YEAR OF ELEC	CTION
C.	NAME, ADDRESS, CITY, STATE AND ZIP	CI) Y OS RECO RECO OFFICE CITY C
	PURPOSE AND DESCRIPTION OF PURCHASE Benefited Dipposed	F TH
	CANDIDATE OFFICE SOUGHT YEAR OF ELEC	
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page, Line 10, Column A]	
l ce	EE A.R.S. STATUTE 16-901(14) ertify, under penalty of perjury, that the above stated independent expenditure(sometry with or at the request or suggestion of any candidate or any campaign contents.	e(s) was not made in cooperation, consultation or ommittee or agent of that candidate.
	nature of Treasurer	
11	MES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH O NTRIBUTORS WITHIN THE LAST SIX MONTHS	OF THE THREE TOP AMOUNT

INDEPENDENT EXPENDITURES *

LOANS MADE BY REPORTING COMMITTEE **SCHEDULE D-2** Committee Name_____ 3. ID# 1. Report Covering Period from____ thru 2. 4. LOANS MADE BY REPORTING COMMITTEE DATE **AMOUNT** OF THE LOAN LOAN NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE MADE a. NAME, ADDRESS, CITY, STATE, ZIP AND ID# b. NAME, ADDRESS, CITY, STATE, ZIP AND ID# C. NAME, ADDRESS, CITY, STATE, ZIP AND ID# d, NAME, ADDRESS, CITY, STATE, ZIP AND ID# NAME, ADDRESS, CITY, STATE, ZIP AND ID# f. NAME, ADDRESS, CITY, STATE, ZIP AND ID# g. NAME, ADDRESS, CITY, STATE, ZIP AND ID# h. NAME, ADDRESS, CITY, STATE, ZIP AND ID#

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ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2

[If last page of Schedule D-2, transfer total to Detailed Summary Page, Line 12, Column A]

5.

Schedule D-2 Page____ of ___

SCHEDULE D-2 LOANS MADE BY REPORTING COMMITTEE 3. ID# Committee Name____ Report Covering Period from______ thru ____ 2. LOANS MADE BY REPORTING COMMITTEE DATE **AMOUNT** 4. OF THE LOAN MADE LOAN NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE NAME, ADDRESS, CITY, STATE, ZIP AND ID# a. NAME, ADDRESS, CITY, STATE, ZIP AND ID# b. C. NAME, ADDRESS, CITY, STATE, ZIP AND ID# NAME, ADDRESS, CITY, STATE, ZIP AND ID# d. NAME, ADDRESS, CITY, STATE, ZIP AND ID# e. NAME, ADDRESS, CITY, STATE, ZIP AND (D# f. NAME, ADDRESS, CITY, STATE, ZIP AND ID# g.

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NAME, ADDRESS, CITY, STATE, ZIP AND ID#

ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2

[If last page of Schedule D-2, transfer total to Detailed Summary Page, Line 12, Column A]

Schedule D-2 Page____ of ____

OFFSETS TO OPERATING EXPENSES* SCHEDULE D-3

	Committee Name	2. ID#	
	Report Covering Period from:thru		
	REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES	REFUND	AMOUNT OF THE
	NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	RECEIVED	REFUND
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•	NAME, ADDRESS, CITY, STATE AND ZIP		
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	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [If last page of Schedule D-3, transfer total to Detailed Summary Page, Line 17, Column A]		
	Includes return of contributions made by reporting committee.		 -
	REV 3/00	Schedule D-3 Page	of

	Committee Name	2. 1D#	
	Report Covering Period from:thru		
	REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES	DATE REFUND	AMOUNT OF THE
	NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	RECEIVED	REFUND
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	DESCRIPTION OF REFUND	OF TH	EIVED
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	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [If last page of Schedule D-3, transfer total to Detailed Summary Page, Line 17, Column A]	<u> </u>	
	includes return of contributions made by reporting committee.		
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REPAYMENT OF CANDIDATE LOANS

Committee Name	2. ID#	
Report Covering Period from: thru thru		
REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDAT. NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	E DATE REPAYMENT MADE	AMOUNT OF THE
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REPAYMENT OF CANDIDATE LOANS

Committee Name		2. ID#		
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REPAYMENT OF ALL OTHER LOANS

1.	Committee Name	2. ID#	
3.	Report Covering Period from: thru_		<u> </u>
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	ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM		1
a.	REPAYMENT (DISBURSEMENT) WAS MADE NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE,ZIP AND ID#	OFFICE OF THE	FIVED
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	3 45	0N
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
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REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

Schedule D-5 Page____ of ____

Committee Name		2. ID#		
Committee Name		Z. IU#		
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TRANSFERS TO OTHER POLITICAL COMMITTEES SCHEDULE D-6

Committee Name	2. ID#				
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NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE	MADE	TRANSFE			
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TRANSFERS TO OTHER POLITICAL COMMITTEES SCHEDULE D-6

Committee Name		[2. 10#				
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ANY OTHER DISBURSEMENTS

	Committee Name	2. ID#	
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	ANY OTHER DISBURSEMENTS NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
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	DESCRIPTION	1	
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
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d.	NAME, ADDRESS, CITY, STATE , ZIP AND ID#		R-<
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€.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION	-	
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
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ANY OTHER DISBURSEMENTS

١.	Committee Name	2. ID#		
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4.	ANY OTHER DISBURSEMENTS NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	DATE DISBURSEN MADE	/ENT	AMOUNT OF THE DISBURSEMENT
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5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7			
	[Transfer total to Detailed Summary Page, Line 15, Column A]			
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IN-KIND CONTRIBUTIONS AND EXPENDITURES

SCHEDULE E

Schedule E Page ____ of ____

1.	Committee Name	· · · · · · · · · · · · · · · · · · ·		_	2. ID#		
3.	Report Covering Period from:		thru				
4.	IN-KIND CONTR	RIBUTIONS AND EXPE	ENDITURES				FAIR
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IN-KIND CONTRIBUTIONS AND EXPENDITURES

SCHEDULE E

Committee Name			ID#	
Report Covering Period	from:	thru		
. IN-KINE	CONTRIBUTIONS AND EXP	ENDITURES		FAIR
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Schedule E Page _____ of ____

DIVIDENDS, INTEREST AND OTHER RECEIPTS

SCHEDULE F-1

1.	Committee Name	2. ID#	
3.	Report Covering Period from: thruthru		
4.	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND 1D#	DATE	AMOUNT OF THE RECEIPT
	OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED	112021123	INCOLII I
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
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5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page, Line 7, Column A]		

DIVIDENDS, INTEREST AND OTHER RECEIPTS

Committee Name	2. 10#		
Report Covering Period from:thruthru			
DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE		AMOUNT OF THE
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OFFSETS TO CONTRIBUTIONS RECEIVED*

SCHEDULE F-2

Schedule F-2 Page ____ of ____

Committee Name	2. ID#			
Report Covering Period from: thruthru	····			
REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND	AMOUNT OF THE		
NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID#	MADE	REFUND		
OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE				
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ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2				
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OFFSETS TO CONTRIBUTIONS RECEIVED*

SCHEDULE F-2

Schedule F-2 Page ____ of ____

Report Covering Period from:thruthru			
REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND	AMOUNT OF THE	
NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE	MADE	REFUND	
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DEBTS AND OBLIGATIONS (Excluding Loans)

1.	Committee Name			2. ID#		
3.	Report Covering Period from:	thru	·		- 	
4.	DEBTS AND OBLIGATIONS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
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DEBTS AND OBLIGATIONS (Excluding Loans)

	Committee Name		2. ID#			
	Report Covering Period from:	thru				
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